

**SECRETARY OF STATE**  
**Professional Licensing Boards Division**  
**Georgia Board of Nursing**  
**237 Coliseum Drive**  
**Macon, GA 31217**

(478) 207-2440

(Fax) 207-1660



**CHANGE OF ADDRESS FORM**

**DATE:** \_\_\_\_\_

**LEGAL NAME:** \_\_\_\_\_

**RN LICENSE NO:** \_\_\_\_\_

**SOCIAL SECURITY NO:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**OLD ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEW ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Send to: Georgia Board of Nursing, 237 Coliseum Drive, Macon, Georgia 31217 or fax to (478) 207-1660.

If you have a name change you must request a duplicate license application and provide the appropriate legal documents with a \$25.00 money order, personal check or cashier's check.